

**BLAKELY
SOKOLOFF
TAYLOR &
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A LIMITED LIABILITY
PARTNERSHIP INCLUDING
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1279 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085
(408) 720-8300 (Telephone)
(408) 720-8383 (Facsimile)

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FACSIMILE TRANSMITTAL SHEET

Deliver to: Mark A. Connolly, Art Unit 2115
Firm Name: U.S. Patent & Trademark Office
Fax Number: 703-872-9306
From: Joni Stutman-Horn Operator: Anne Collette
Date: May 23, 2005
App. No.: 09/733,382
No. of pages: 12 (including cover sheet)
Client/Matter: 42P6770 Docket Date: 5/23/2005 Atty: JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal (1 page)
- 3) Response to Office Action (9 pages)

Thank you.

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By: <u>Anne Collette</u> Anne Collette	Date: <u>May 23, 2005</u>

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**150.00****Complete if Known**

Application Number	09/733,382
Filing Date	November 29, 2000
First Named Inventor	Robert P. Hale
Examiner Name	Mark A. Connolly
Art Unit	2115
Attorney Docket No.	42P6770

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
27 - 24(HP) = 3	3	50	150			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
7 - 7(HP) = 0	0	200	0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)**SUBMITTED BY**

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	38,591	Telephone	408-720-8300
Name (Print/Type)	Michael J. Mallie	Date	May 23, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (09-04)

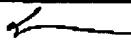
Approved for use through 07/31/2006. OMB 0851-0031


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/733,382	
	Filing Date	November 29, 2000	
	First Named Inventor	Robert P. Hale	
	Art Unit	2115	
	Examiner Name	Mark A. Connolly	
Total Number of Pages in This Submission	10	Attorney Docket Number	42P6770

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Blakely, Sokoloff, Taylor & Zafman LLP		
Signature			
Printed name	Michael J. Mallie		
Date	May 23, 2005	Reg. No.	36,591

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Signature			
Typed or printed name	Anne Collette	Date	May 23, 2005

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09/733,382
Atty Docket: P6770

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Robert P. Hale

Application No.: 09/733,382
Docket No.: 42P6770

Filed: Nov. 29, 2000

**For: METHOD AND APPARATUS TO ENABLE
CROSS-PLATFORM CONFIGURATION**

Examiner: Mark A. Connolly

Art Unit: 2115

VIA FAX (703) 872-9306

AMENDMENT AND RESPONSE

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

In response to the non-final Office Action mailed on Feb. 23, 2005, please reconsider the pending claims based on the following discussion and amendment.

05/24/2005 KBETEMA1 00000055 022666 09733382

01 FC:1202 150.00 DA

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By: Anne Collette
Anne Collette

Date: May 23, 2005